



**TEXAS DEPARTMENT OF HEALTH
ABUSE, NEGLECT AND EXPLOITATION INTAKE REPORT
TEXAS YOUTH CAMP PROGRAM**

In accordance with Section 261.101 and 261.103(a) of the Texas Family Code, please complete this form in its entirety. Fax this form along with any applicable documentation to the Texas Department of Health, Office of General Counsel Investigations Section (OGCIS), at (512) 458-7752, followed by an immediate phone call to an investigator at **(512) 458-7431** (weekdays) or pager number **(512) 606-6543** (weekends or after hours). **Complete and fax this report within 24 hours of the alleged incident.**

Completed by:		Title:	
Telephone:	Fax:	Date of Report:	
Date incident occurred:	Time incident occurred:	Date law enforcement notified:	Time law enforcement notified:
Name of Law Enforcement Agency Notified:		Incident Number:	
Name of Law Enforcement Contact Person:		Title:	Phone:
ALLEGED INCIDENT - Check all that apply			
<input type="checkbox"/> Abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Exploitation	
FACILITY WHERE ALLEGED INCIDENT OCCURRED			
Facility:			
Address:			
City:		Zip:	County:
Chief Administrator:		Phone:	Fax:
ALLEGED VICTIM INFORMATION			
Name:		Age:	DOB:
Address:	City:	Zip:	County: Phone:
Parent/Guardian name:	Relationship:	Home phone:	Work phone:
Address:	City:	Zip:	County:
Has the parent been notified? Yes No	Notified by:		Date notified:
ALLEGED PERPETRATOR INFORMATION			
Name:		Title (i.e. Counselor, Camper, etc.):	Sex: DOB:
Home address:		City:	Zip: County:
Home phone:	Work phone:		SSN:

TDH - OGCIS
1100 W. 49th Street
Austin, TX 78756-3199

CONFIDENTIAL(When completed)
The information contained in this report is not releasable to the public
and shall be protected from release to the extent allowed by Section
261.201 of the Texas Family Code.

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Weekend Pager (512) 606-6543
Fax (512) 458-7752

DETAILS OF ALLEGED INCIDENT

Location of the alleged incident:	Name(s) of person(s) who reported the alleged incident:
Describe the alleged incident (Include: Who? When? Where? Why? How?): Use additional pages if necessary.	
Was the alleged victim injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where was the alleged victim treated and what were the injuries?	

WITNESSES

Name:	DOB:	Age:	Home phone:
Home address:	City:	Zip:	Work phone:
<input type="checkbox"/> Minor (18 years or under) – Parent/Guardian name:		<input type="checkbox"/> Staff – Job title:	
Name:	DOB:	Age:	Home phone:
Home address:	City:	Zip:	Work phone:
<input type="checkbox"/> Minor (18 years or under) – Parent/Guardian name:		<input type="checkbox"/> Staff – Job title:	
Name:	DOB:	Age:	Home phone:
Home address:	City:	Zip:	Work phone:
<input type="checkbox"/> Minor (18 years or under) – Parent/Guardian name:		<input type="checkbox"/> Staff – Job title:	

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